

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.							
TOTAL DEP.	33	←	←	←			
TOTAL CLAIMS	34	██████████	██████████	██████████			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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TOTAL IND.							
TOTAL DEP.		↓		↓		↓	
TOTAL CLAIMS		██████████	██████████	██████████		██████████	